



Maryland Department of Health and Mental Hygiene

Vital Statistics Administration

Attachment for Multiple Births

- If you have delivered twins, triplets or higher order multiples, please complete this form, listing your babies in the order they were born.
- If you have any questions, please call the hospital Birth Registrar.

Please print all names exactly as you would like them to appear on the birth certificate .

What is your current legal name?

Mother's First NAME *Mother's Middle NAME* *Mother's Last NAME* *Suffix (Jr., III, etc.)*

What will be the legal name of the first baby born (as it should appear on the birth certificate)?

First NAME *Middle NAME* *Last NAME* *Suffix (Jr., III, etc.)*

☐ Name not yet chosen

Is this baby a boy or girl?

☐ Boy ☐ Girl

What is this baby's date of birth?

_____ / **20** _____

What will be the legal name of the second baby born (as it should appear on the birth certificate)?

First NAME *Middle NAME* *Last NAME* *Suffix (Jr., III, etc.)*

☐ Name not yet chosen

Is this baby a boy or girl?

☐ Boy ☐ Girl

What is this baby's date of birth?

_____ / **20** _____

What will be the legal name of the third baby born (as it should appear on the birth certificate)?

First NAME *Middle NAME* *Last NAME* *Suffix (Jr., III, etc.)*

☐ Name not yet chosen

Is this baby a boy or girl?

☐ Boy ☐ Girl

What is this baby's date of birth?

_____ / **20** _____